



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 3526

|  |   |  |   |   |                           |                                |
|--|---|--|---|---|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/575,308   | <b>FILING or 371(c) DATE</b><br>04/11/2006<br><b>RULE</b>   | <b>CLASS</b><br>347                                      | <b>GROUP ART UNIT</b><br>2624   | <b>ATTORNEY DOCKET NO.</b><br>42402-79894 |                           |                                |
| <b>APPLICANTS</b><br>Chun Hing Cheng, Calgary, AB, CANADA;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/CA05/01059 07/07/2005<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b><br>06/28/2008 |   |  |   |   |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/ANH HONG DO/</u><br>Examiner's Signature               |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>AB   | <b>SHEETS DRAWINGS</b><br>6               | <b>TOTAL CLAIMS</b><br>24 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>BARNES & THORNBURG LLP<br>11 SOUTH MERIDIAN<br>INDIANAPOLIS, IN 46204<br>UNITED STATES   |   |  |   |   |                           |                                |
| <b>TITLE</b><br>Methods For Silhouette Extraction  |   |  |   |   |                           |                                |
| <b>FILING FEE RECEIVED</b><br>550  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                           |                                |